



STATE OF MICHIGAN  
DEPARTMENT OF COMMUNITY HEALTH  
LANSING

JENNIFER M. GRANHOLM  
GOVERNOR

JANET OLSZEWSKI  
DIRECTOR

September 10, 2007

TO: Education Program Sponsors

FR: Robin Shively, Manager  
EMS & Trauma Systems Section

RE: Practical Skills Assurance Statement

Effective September 1, 2007 the department will designate approved education program sponsors the authority to verify Medical First Responder and Emergency Medical Technician practical competency for Michigan licensure. Therefore, all education programs must complete the enclosed Assurance Statement and return it with original signatures. Practical skills that will be tested at the MFR and EMT levels are included on the Assurance Statement.

It is important that the department receives the completed Assurance Statement as soon as possible. Any program that fails to return the completed assurance statement will not be approved to conduct additional education courses and currently approved course(s) rosters will not be approved.

The National Registry requires EMT candidates to successfully complete the cognitive and psychomotor examinations within twelve months of each other and both exams completed within two years of course completion date. Therefore, if you have a graduate that does not successfully complete the cognitive exam within one year of the approved course completion date they will be required to have their practical skills competency re-verified by your program. Both exams and licensure application must be completed within two years of course completion date for the candidate to be eligible for Michigan EMS licensure.

Any candidate that has completed a course within two years preceding September 1, 2007 and has not successfully completed the Michigan EMT Practical Examination must have their practical skills competencies re-verified and submitted on the attached form. **This form is only for EMT candidates that need re-verification. Do not include new graduates;** their names should only appear on the course completion roster.

If you have any question please contact Tony Sorensen at [tsoren@michigan.gov](mailto:tsoren@michigan.gov) or (517) 335-1825.

**Michigan Department of Community Health**  
**EMS and Trauma Systems Section**  
201 Townsend Street  
Lansing, Michigan 48913

**Education Program Sponsor**  
**Practical Examination Assurance Statement**

Authority: Public Act 368 of 1978, as amended.

Effective September 1, 2007 approved Education Program Sponsors are designated as a department representative to verify practical competencies for Medical First Responder and Emergency Medical Technician licensure, Sec. 20950.(2)(c)(i)(ii). Upon successful completion of an MFR or EMT course, the Education Program Sponsor must verify that the graduate has demonstrated an acceptable level of competency in each of the skill areas identified below. Measurement of competency will include utilization of the National Registry skill sheets and must be maintained on file for five years with the course records.

**MFR**

- Patient Assessment/Management - Trauma
- Patient Assessment/Management - Medical
- Upper Airway Adjuncts and Suction
- Bag-Valve-Mask Ventilation
- Supplemental Oxygen Administration
- Bleeding Control/Shock Management
- Long Bone Fracture Immobilization
- Joint Injury Immobilization
- Traction Splinting
- Spinal Immobilization (Seated Patient)
- Spinal Immobilization (Supine Patient)

**EMT**

- Patient Assessment/Management - Trauma
- Patient Assessment/Management - Medical
- Upper Airway Adjuncts and Suction
- Bag-Valve-Mask Ventilation
- Supplemental Oxygen Administration
- EDTLA (Combitube®)
- Bleeding Control/Shock Management
- Long Bone Fracture Immobilization
- Joint Injury Immobilization
- Traction Splinting
- Spinal Immobilization (Seated Patient)
- Spinal Immobilization (Supine Patient)

Education Program Sponsor			
Address			
City	State	Zip	County
Approval #		Approved through	

I certify that I am the authorized representative of the Program Sponsor, and that I am authorized to sign this assurance statement on the Program Sponsor's behalf. I affirm by my signature that this program will follow all Medical First Responder and Emergency Medical Technician practical examination requirements as set forth by MDCH.

**Printed Name of Program Sponsor Representative**

Original Signature of Program Sponsor Representative

Date

I affirm as the Program Course Coordinator this program will follow all Medical First Responder and Emergency Medical Technician practical examination requirements as set forth by MDCH.

**Printed Name of Program Course Coordinator**

Original Signature of Program Course Coordinator

Date

I affirm as the Program Physician Director I will assure all Emergency Medical Technician graduates successfully completing this program will meet or exceed the practical skills competency requirements as set forth by MDCH. **(EMT only)**

**Printed Name of Physician Director**

Original Signature (Please indicate M.D. or D.O.)

Date

**Education Program:**

**Course Coordinator:**

**Program Approval #:**

[illegible]